

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 25 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19288

Registration District No. 221

Primary Registration District No. 6183.4573 Registrar's No.

1. PLACE OF DEATH:

(a) County Sullivan
(b) City or town Milan
(c) Name of hospital or institution: Simpson Hospital
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number and location)
(d) Length of stay: Lifetime in hospital or institution (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Ernest Judd

3. (b) If veteran, name war —

3. (c) Social Security Number 197-12-0030

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased March 20, 1921
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
22 0 21 hr. min.

9. Birthplace Milan, Missouri
(City, town or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business —

12. Name William A. Judd

13. Birthplace Sullivan Co. Mo.
(City, town or county) (State or foreign country)

14. Maiden name Alma Jean Grant

15. Birthplace Sullivan Co. Mo.
(City, town or county) (State or foreign country)

16. (a) Informant William A. Judd

(b) Address Milan Mo.

17. (a) Burial (b) Date thereof Apr. 15/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic Cem. Milan

18. (a) Signature of funeral director Frank Schaefer
(b) Address Milan Mo.

19. (a) May 2-4-3 (b) Mrs. L. D. Green
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Sullivan
(c) City or town Milan
(If outside city or town limits, write "RURAL")
(d) Street No. — (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18 year 1943 hour 6:50 minute — P. M.

21. I hereby certify that I attended the deceased from July 1942 to April 1943
that I last saw him alive on April 11 1943
and that death occurred on the date and hour stated above.

Immediate cause of death amputation Duration 4-11-1943

Due to osteomyelitis 1942
fracture femur 8-1942
Due to osteomyelitis unknown

Other conditions (Include pregnancy within 3 months of death) —

Major findings: Of operations 1700-22
Of autopsy —

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Car injury 086

(b) Date of occurrence July 18-1942

(c) Where did injury occur? Unionville, Fulton Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Mo. Highway #5

While at work? Yes (Specify type of place) (e) Means of injury truck

23. Signature E. J. Simpson M. D. or other —
Address Milan Date signed 4-16-43

RECEIVED

District Health Officer No. 10

District File Number 5-43-909

Date Filed MAY 21 1943

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Registered Apprentice No.....

working under my personal supervision.

Signed

Frank D. Schenck

Licensed Embalmer No. 2916

P. O. Address

Milwaukee, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.